



Susan Montee, CPA  
Missouri State Auditor

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November 2007

# HEALTH AND SENIOR SERVICES

## Bioterrorism Program



Office of  
Missouri State Auditor  
Susan Montee, CPA

November 2007

**The following report is our audit of the Department of Health and Senior Services, Bioterrorism Program.**

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The Department of Health and Senior Services (DHSS) has not established adequate tracking procedures to monitor improvements made by local health entities to address problems/weaknesses identified during bioterrorism exercises.

The DHSS uses grant funding to develop and conduct exercises at a statewide level while Local Public Health Agencies (LPHAs) use grant funding provided by the department to participate in local and regional exercises and training. The federal government requires the state and LPHAs to complete a variety of exercises/training annually to work towards and help ensure compliance with National Incident Management System standards. Meeting these standards is necessary to ensure the receipt of future federal preparedness funding assistance.

Upon completion of an exercise, response entities submit to the DHSS after-action reports (AARs) documenting an evaluation of the exercise. While the DHSS receives and reviews the AARs, corrective actions noted in the AARs are not tracked by the DHSS and followed up on in a timely manner. The lack of proactive, ongoing monitoring procedures could result in weaknesses in local response plans to bioterrorism incidents not being addressed and corrected in a timely manner.

The Strategic National Stockpile (SNS) Program was established to aid state and local entities in the development of local distribution and dispensing plans of a massive stockpile of pharmaceuticals, vaccines, medical supplies, equipment, and other items to augment local supplies of critical medical items in case of a terrorist attack. The DHSS, through the activities of its Center for Emergency Response and Terrorism, is responsible for ensuring the department has a SNS Receiving, Distribution and Dispensing Plan.

The federal Centers for Disease Control and Prevention (CDC) conducts annual assessments of Missouri's SNS Program. Since 2003, Missouri's overall SNS preparedness rating has risen from Amber minus to Green minus. Green is the highest rating given by the CDC, followed by Amber, with Red being the lowest possible rating. The CDC's latest assessment of the state's SNS program, dated October 2006, indicated that Missouri has made excellent progress in strengthening the state's readiness to manage SNS material.

While the CDC's October 2006 assessment was generally positive, the report included various recommendations to further improve the readiness, efficiency, and effectiveness of response efforts. In that assessment the CDC recommended, among other things, that

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the DHSS: refine and restructure the SNS Plan operationally; schedule an annual review of the Emergency Communications Plan; include written facility security and vulnerability assessments in the Plan for each receiving, staging, and storage site; ensure that all local SNS dispensing plans meet the guidelines identified by the DHSS; and work with the State Emergency Management Agency to improve communications between the State Emergency Operations Center and the DHSS's Department Situation Room.

During 2004, the federal CDC established the Cities Readiness Initiative (CRI) to increase and enhance readiness over a larger geographic area, instead of just at a state and local level. A CRI pilot program provided funding to 21 selected metropolitan areas. St. Louis (including the city and county) was one of the cities/areas initially selected by the CDC to participate in the CRI pilot program. In the following year, Kansas City and its metropolitan area was selected to join in the CRI program. Also, in that year, St. Charles County began participating in the CRI program.

The CDC and the DHSS are responsible for conducting annual assessments of the local CRI programs in Missouri and working with local CRI staff to aid and help direct their efforts. During the annual assessments, the local entities receive an overall rating or score, and a rating in various individual categories, such as: Command and Controls, Management of SNS operations, Tactical Communications, Public Information, Controlling SNS Inventory, Security, Dispensing Oral Medications, and Training, Exercise, and Evaluation.

The city of St. Louis/St. Louis County was first assessed by the CDC in September 2004. At that time, the CDC's overall assessment rating for the city of St. Louis/St. Louis County was Red, meaning major improvements were needed. In the latest assessment by the CDC in April 2006, some improvement had been made as the City/County had achieved an overall assessment rating of Amber. Within the Kansas City metropolitan area, the CDC conducted Jackson County's only CRI-related assessment to date in May 2006. That county was given an overall readiness rating of Red, or major improvement needed. In that assessment report, the CDC indicated that Jackson County did not have a reliable or consistent SNS Preparedness plan in Kansas City or its surrounding counties, and no documentation was present to reflect that its current plan was incorporated into the city's Comprehensive Emergency Management Plan. The CDC conducted St. Charles County's only CRI-related assessment to date in January 2007. At that time, the CDC's overall assessment rating for St. Charles County was 55 out of 100 (based on a new rating system established in 2007), indicating major improvement was needed.

The DHSS is working with these entities in an effort to improve their CRI programs and the related ratings on future annual assessments. Although the assessments conducted of the CRI plans of local entities in the state's two largest metropolitan areas reflect some progress, much improvement is still needed. The low assessment ratings can reflect weaknesses with the CRI plans in Missouri and may increase the risk for the citizens those plans are intended to protect.

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BIOTERRORISM PROGRAM  
DEPARTMENT OF HEALTH AND SENIOR SERVICES

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## STATE AUDITOR'S REPORT



**SUSAN MONTEE, CPA**  
**Missouri State Auditor**

Honorable Matt Blunt, Governor  
and  
Jane Drummond, J.D., Director  
Department of Health and Senior Services  
and  
Nancy Bush, Director  
Center for Emergency Response and Terrorism  
Jefferson City, MO 65102

We have audited Missouri's Bioterrorism Program administered by the Department of Health and Senior Services and its Center for Emergency Response and Terrorism. The scope of this audit included, but was not necessarily limited to, the years ended June 30, 2006 and 2005. The objectives of this audit were to:

1. Review the receipt and expenditure of federal Department of Health and Human Services monies relating to bioterrorism by the state Department of Health and Senior Services.
2. Review internal controls over significant management and financial functions related to the state's Bioterrorism Program.
3. Evaluate the status of bioterrorism planning established or monitored by the Department of Health and Senior Services.
4. Determine compliance with certain legal provisions, including compliance with federal grant and contract requirements related to bioterrorism funds received from the federal Department of Health and Human Services.
5. Evaluate the economy and efficiency of certain management practices and operations related to the state's Bioterrorism Program.

Our methodology to accomplish these objectives included reviewing written policies, financial records, and other pertinent documents; interviewing various personnel of the department; and testing selected transactions.

In addition, we obtained an understanding of internal controls significant to the audit objectives and considered whether specific controls have been properly designed and placed in operation. We also performed tests of certain controls to obtain evidence regarding the effectiveness of their design and operation. However, providing an opinion on internal controls was not an objective of our audit and accordingly, we do not express such an opinion.

We also obtained an understanding of legal provisions significant to the audit objectives, and we assessed the risk that illegal acts, including fraud, and violations of contract, grant agreement, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting significant instances of noncompliance with the provisions. However, providing an opinion on compliance with those provisions was not an objective of our audit and accordingly, we do not express such an opinion.

Our audit was conducted in accordance with applicable standards contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and included such procedures as we considered necessary in the circumstances. The work for this audit was substantially completed by July 2007.

The accompanying History, Organization, and Statistical Information is presented for informational purposes. This information was obtained from the department's management and was not subjected to the procedures applied in the audit of the program.

The accompanying Management Advisory Report presents our findings arising from our audit of Missouri's Bioterrorism Program administered by the Department of Health and Senior Services and its Center for Emergency Response and Terrorism.



Susan Montee, CPA  
State Auditor

The following auditors participated in the preparation of this report:

Director of Audits:	Kenneth W. Kuster, CPA
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MANAGEMENT ADVISORY REPORT -  
STATE AUDITOR'S FINDINGS



BIOTERRORISM PROGRAM  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
MANAGEMENT ADVISORY REPORT -  
STATE AUDITOR'S FINDINGS

<b>1. Program Monitoring and Oversight</b>
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The Department of Health and Senior Services (DHSS) has not established adequate tracking procedures to monitor improvements made by local health entities to address problems/weaknesses identified during Bioterrorism exercises. As a result, there is less assurance the benefits of the exercises were fully realized or that improvements were made on a timely basis.

The DHSS uses grant funding to develop and conduct exercises at a statewide level for various individuals and entities involved in bioterrorism response. Local Public Health Agencies (LPHAs) also use their grant funding to participate in local and regional exercises and training. Various criteria exist regarding the frequency and types of exercises and trainings that must be completed. The federal government requires the state and LPHAs to complete a variety of courses annually to work towards and ensure compliance with National Incident Management System (NIMS) standards. Compliance with NIMS standards is required to ensure the receipt of future federal preparedness funding assistance. In addition, the DHSS requires the LPHAs to annually participate in one statewide exercise and one regional exercise.

Upon completion of an exercise, response entities submit to the DHSS after-action reports (AARs) documenting an evaluation of the exercise. The AARs detail background information regarding the exercise, information regarding the exercise participants, and corrective actions needed for improvement.

While the DHSS receives and reviews the AARs, corrective actions noted in the AARs are not tracked by the DHSS and followed up on in a timely manner to ensure the necessary improvements are made by the response entities. Instead, the DHSS reviews an entity's previous AARs before a new exercise is conducted to determine whether testing can and will occur related to issues noted as needing improvement in a previous exercise(s). After the current exercise is conducted, the new AAR is obtained and reviewed to determine if problems noted previously still exist and whether corrective actions are still needed. However, local response entities may not always repeat a specific type of exercise; therefore, the DHSS may not always receive a follow up AAR that allows it to determine the implementation status of problems previously reported.

The DHSS reviews the emergency management plans of LPHAs every four years to ensure such plans have been changed to address or correct the problems/weaknesses noted in previous AARs. However, the lack of proactive, ongoing monitoring procedures could result in weaknesses in local response plans to bioterrorism incidents not being addressed and corrected in a timely manner.

**WE RECOMMEND** the DHSS establish and maintain tracking procedures to actively monitor the status of problems/weaknesses identified during exercises to help ensure corrective action is taken on a timely basis.

### **AUDITEE'S RESPONSE**

*DHSS concurs with the recommendation. The Center for Emergency Response and Terrorism (CERT) is currently working on monitoring issues related to local public health agency (LPHA) exercises and the mandated format that is required by the U.S. Department of Homeland Security, Homeland Security Emergency Evaluation Program (HSEEP). The guidelines for HSEEP have just been updated. CERT will comply with the guidelines, which includes monitoring of exercises at the local level.*

<b>2. Strategic National Stockpile Assessments</b>
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The annual assessments of Missouri's Strategic National Stockpile (SNS) Plan reflect the current status and the identification of additional improvements needed related to its plan to stockpile and distribute medical material and other supplies in the event of a major bioterrorist event. Missouri's latest assessment rating for its SNS Program was a Green minus, indicating the plan is in relatively good shape with some improvements still needed.

In 1999, Congress charged the federal Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) with the establishment of the National Pharmaceutical Stockpile (NPS). Their mission was to provide a re-supply of large quantities of essential medical material to states and communities during an emergency within twelve hours of a federal decision to deploy. Effective March 1, 2003, the NPS became the Strategic National Stockpile (SNS) Program managed jointly by the federal Department of Homeland Security (DHS) and HHS. Currently, the SNS Program is managed by HHS, through the CDC. The SNS Program was established to aid state and local entities in the development of local distribution and dispensing plans of a massive stockpile of pharmaceuticals, vaccines, medical supplies, equipment, and other items to augment local supplies of critical medical items in case of a terrorist attack.

The DHSS, through the activities of its Center for Emergency Response and Terrorism (CERT), is responsible for ensuring the department has a SNS Receiving, Distribution and Dispensing Plan. The CDC conducts annual assessments of Missouri's SNS Program. Missouri achieved an overall rating of Green minus for its SNS program in its latest CDC assessment dated October 2006. Since 2003, Missouri's overall SNS preparedness rating has risen from Amber minus to Green minus. Green is the highest rating given by the CDC, followed by Amber, with Red being the lowest possible rating.

The CDC's 2006 SNS assessment evaluated and rated Missouri in the following categories: Developing an SNS Plan; Management of SNS and Command and Control; Requesting SNS; Tactical Communication; Public Information and Communication;

Security; Receiving, Staging, and Storage (RSS); Controlling SNS Inventory; Repacking Oral Medications; Distribution; Dispensing Oral Medications; Treatment Center Coordination; and Training, Exercise, and Evaluation. Missouri was rated high (receiving a percentage rating of 90 or above out of 100) in the areas of Management of SNS and Command and Control; Tactical Communication; Receiving, Staging, and Storage (RSS); Controlling SNS Inventory; Repacking Oral Medications; Distribution; and Training, Exercise, and Evaluation.

The CDC's overall comments in the October 2006 assessment indicated that although the SNS Coordinator position at the DHSS was currently vacant (this position has since been filled), the overall preparedness rating for the state of Missouri had not been impacted as preparedness activities were ongoing, a major work to completely reorganize the state SNS Plan in a more efficient manner had been recently completed (in October 2006), and the Regional Planner and other significant departmental coordinators were unified in supporting SNS planning throughout the state. In addition, the CDC assessment indicated that Missouri has made excellent progress in strengthening the state's readiness to manage SNS material. The CDC assessment further indicated that DHSS staff have both reorganized and streamlined the SNS plan; the new version being shorter, yet more comprehensive and efficient than the previous document and now includes backup site information.

While the CDC's October 2006 assessment was generally positive, the report included various recommendations including, but were not limited to, the following:

- Refine and restructure the SNS Plan operationally; conduct periodic reviews over the course of the coming year, and provide updates based on deficiencies revealed during SNS Technical Assistance Reviews, and State and Local trainings and exercises.
- Schedule an annual review of the Emergency Communications Plan to ensure that all elements are updated and on-target.
- Written facility security and vulnerability assessments, that include interior and exterior physical security, should be included in the Plan for each RSS site.
- Ensure that all local SNS dispensing plans meet the guidelines identified by DHSS and the new Technical Review Tool developed by the CDC/SNS Program.
- DHSS and the State Emergency Management Agency (SEMA) work together in an effort to improve communications between the State Emergency Operations Center (SEOC) and DHSS's Department Situation Room (DSR) by simultaneous exercises.

The DHSS should continue to work towards ensuring implementation of the various CDC recommendations to achieve the highest rating possible for Missouri's SNS Program. Doing so will promote the overall readiness, efficiency, and effectiveness of response efforts aimed at protecting the citizens of Missouri.

**WE RECOMMEND** the DHSS continue to work to ensure the implementation of the various CDC recommendations related to Missouri's SNS Program.

### **AUDITEE'S RESPONSE**

*DHSS concurs with the recommendation. As noted in the report, Missouri has a very high rating for the SNS Program and continues to increase response and planning efforts related to the SNS. Over the past year, CERT has updated the SNS Plan according to findings in the CDC Technical Assistance Review (TAR). Another TAR is scheduled for November 2007. A communications plan review was included in the 2006 TAR and will be tested in March 2008. The 2007 TAR will include discussions regarding the LPHA plans and the progress made thus far.*

*The federal marshal that travels throughout the state rating the Receiving, Staging and Storage sites provides the facility security and vulnerability assessments. The assessment has not been made available to us by the federal marshal, though CERT has requested the information.*

*DHSS is planning the next SNS exercise with the State Emergency Management Agency for March 2008. This exercise will include communications between the State Emergency Operations Center and the DHSS Department Situation Room during an event that requires the SNS.*

<b>3. Cities Readiness Initiative</b>
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Assessments conducted of the Cities Readiness Initiative plans of local entities in the state's two largest metropolitan areas reflect some progress, but much improvement is still needed.

During 2004, the CDC established the Cities Readiness Initiative (CRI) to increase and enhance readiness over a larger geographic area, instead of just at a state and local level. A CRI pilot program provided funding to 21 cities/metropolitan areas around the country, as selected by the CDC, to significantly improve the operational capability of receiving, distributing, and dispensing SNS assets. St. Louis (including the city of St. Louis and St. Louis County) was one of the cities/areas initially selected by the CDC to participate in the CRI pilot program. In the following year, Kansas City and its metropolitan area was selected by the CDC to join in the CRI program. Also, during 2005, St. Charles County began participating in the CRI program.

The CDC and the DHSS are responsible for conducting annual assessments of the local CRI programs in Missouri and working with local CRI staff to aid and help direct their efforts. During the annual assessments, the local entities receive an overall rating or score, and a rating in various individual categories, such as: Command and Controls, Management of SNS operations, Tactical Communications, Public Information, Controlling SNS Inventory, Security, Dispensing Oral Medications, and Training, Exercise, and Evaluation.

The city of St. Louis/St. Louis County was first assessed by the CDC in September 2004. At that time, the CDC's overall assessment rating for the city of St. Louis/St. Louis County was Red, meaning major improvements were needed. In the latest assessment by

the CDC in April 2006, some improvement had been made as the City/County had achieved an overall assessment rating of Amber. Green (the highest) rating had been achieved in some assessment categories, while the City/County retained Red ratings in other assessment categories.

In the April 2006 assessment, the CDC indicated the city of St. Louis/St. Louis County should continue coordination efforts to improve the SNS preparedness level within both regions. The DHSS is working with the City of St. Louis/St. Louis County in an effort to improve their CRI programs and related ratings on future annual assessments.

Within the Kansas City metropolitan area, the CDC conducted Jackson County's only CRI-related assessment to date in May 2006. That county was given an overall readiness rating of Red, or major improvement needed. That county received a green rating for only one assessment category, with various other assessment categories receiving a lower rating of either Amber or Red.

In the May 2006 assessment report, the CDC indicated that Jackson County did not have a reliable or consistent SNS Preparedness plan in Kansas City or its surrounding counties, and no documentation was present to reflect that its current plan was incorporated into the city's Comprehensive Emergency Management Plan. The DHSS is working with Jackson County in an effort to improve the county's CRI program and related ratings on future annual assessments.

The CDC conducted St. Charles County's only CRI-related assessment to date in January 2007. At that time, the CDC's overall assessment rating for St. Charles County was 55 out of 100, indicating major improvement was needed. The CDC changed its rating system from color to numerical scores for the 2007 assessments. The county was rated high in two assessment categories; however, much improvement remains needed related to the other assessment categories. The DHSS is working with St. Charles County in an effort to improve the county's CRI program and the related ratings on future annual assessments.

The low assessment ratings noted above reflect weaknesses with the CRI plans in Missouri and may increase the risk for the citizens those plans are intended to protect. The DHSS should continue to assist the applicable local entities to improve their CRI plans and related assessment ratings. Such efforts would promote the overall readiness and protection for the citizens residing in those metropolitan areas.

**WE RECOMMEND** the DHSS continue to work with the applicable local entities to improve the CRI plans in those metropolitan areas.

### **AUDITEE'S RESPONSE**

*DHSS concurs with the recommendation. CERT continues to work with the CRI cities and LPHAs to improve the planning efforts for that program. In the past year, CDC made changes*

*to the evaluation tool for this program, and a baseline was established in early 2007. The agencies will undergo a new assessment in early 2008.*

HISTORY, ORGANIZATION, AND  
STATISTICAL INFORMATION

BIOTERRORISM PROGRAM  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
HISTORY, ORGANIZATION, AND  
STATISTICAL INFORMATION

The Department of Health and Senior Services is organized into three programmatic divisions, one of which is the Division of Community and Public Health. That division administers programs that impact family health, the prevention of chronic diseases, nutrition, and other programs that improve the health of communities. It is also the principal unit involved in the surveillance and investigation of the cause, origin, and method of transmission of communicable (or infectious) diseases and environmentally related medical conditions. As such, the division plays a primary role in administering Missouri's Bioterrorism Program.

Within the Division of Community and Public Health is the Center for Emergency Response and Terrorism (CERT). The CERT's mission statement indicates it will protect the community's health and the well-being of individuals of all ages by assuring the early detection and the rapid, coordinated response to all public health emergencies, both natural and deliberate. The CERT:

- Coordinates and provides direction for public health preparedness planning and response activities throughout the department and coordinates with other local/state agencies on emergency planning and response initiatives.
- Assures that the department has an Emergency Response and Terrorism Response Plan, a Strategic National Stockpile Receiving, Distribution and Dispensing Plan, a Pandemic Influenza Plan, a Continuity of Operations/Continuity of Government (COOP/COG) Plan, and standard operating procedures to facilitate a robust state response to any public health emergency.
- Provides direction/coordination for the local public health agencies in public health preparedness.
- Ensures regional public health emergency plan development that provides consistency and coordination of bioterrorism, pandemic, and other public health emergency planning throughout the state and assures consistency and coordination between local, state and federal plans.
- Assures that the state and regional public health emergency plans are regularly exercised, evaluated, and refined.
- Provides direction, coordination, and oversight of Missouri's portion of the Centers for Disease Control and Prevention and Health Resources and Services Administration preparedness funding.
- Maintains the Department Situation Room (DSR), which can be staffed and function as a command and control center in the event of a public health emergency.



The DSR serves as the coordination point for all Department of Health and Senior Services' responses to emergencies, both natural and deliberate. It is operational at a non-threat level 24 hours a day, 7 days a week. The DSR monitors the day-to-day emergency preparedness of the public health system and allied systems. The DSR also serves as part of the Health Alert Network to rapidly receive and disperse communications among public health and healthcare partners at the local, regional, state and federal levels, and assign and track follow-up activities. The DSR hotline is the contact point for the general public and public health partners.

The department developed the first Memorandum of Understanding in the nation with the Federal Bureau of Investigation (FBI) to aid in investigations of terrorist acts. By establishing a coordination point for all communications, the CERT began the work of coordinating regional and state planning for public health emergencies and natural disasters, including biological, chemical, and nuclear terrorism. Through partnerships with hospitals and other healthcare organizations, local entities (including government and law enforcement agencies), and other partners, the center works to assure systems are in place to protect the health of Missourians during a public health emergency.

Also within the Division of Community and Public Health are the State Public Health Laboratory (SPHL) and the Section for Disease Control and Environmental Epidemiology. Both play roles in the state's Bioterrorism Program. The administrative offices of the State Public Health Laboratory (SPHL) are located in Jefferson City. Each year, more than one-half million specimens are submitted to the central lab, the State Tuberculosis Laboratory in Mt. Vernon, and the branch lab in Poplar Bluff for testing and examination. The SPHL is the principal laboratory for the state and supports investigations of suspected acts of bioterrorism.

The Section for Disease Control and Environmental Epidemiology is the principal section involved in the investigation of the cause, origin, and method of transmission of communicable (or infectious) diseases and environmentally related medical conditions. The section is integral to the Department of Health and Senior Services' emergency responses to public health emergencies and natural disasters, including biological, chemical, and radiological terrorism. The section assures rapid detection through a comprehensive surveillance system operated by public health staff prepared through expertise and training to detect diseases/conditions that may indicate an emergency/bioterrorism event. Rapid response is assured through emergency response planning by public health staff deployed strategically and prepared through expertise and training to respond to a possible emergency/bioterrorism event.

An act of terrorism targeting the U.S. civilian population would require rapid access to large quantities of pharmaceuticals and medical supplies. Such quantities would not be readily available unless special stockpiles were created. Few state or local governments had the resources to create sufficient stockpiles on their own, so in 1999, Congress charged the federal Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) with the establishment of the National Pharmaceutical Stockpile (NPS). Their mission was to provide a re-supply of large quantities of essential medical materiel to states and communities during an emergency within twelve hours of the federal decision to deploy.

The Homeland Security Act of 2002 defined the goals and performance requirements of the NPS Program, as well as managing the actual deployment of assets. Effective March 1, 2003, the NPS became the Strategic National Stockpile (SNS) Program managed jointly by the federal Department of Homeland Security (DHS) and HHS. Currently, the SNS Program is managed by HHS. The SNS was established to aid state and local entities in the development of local distribution and dispensing plans of a massive stockpile of pharmaceuticals, vaccines, medical supplies, equipment, and other items to augment local supplies of critical medical items in case of a terrorist attack. The CDC has worked with the state and local officials in developing these plans.

During fiscal year 2004, the CDC established the Cities Readiness Initiative (CRI) to increase and enhance readiness over a larger geographic area instead of just at a state and local level. A CRI pilot program provided funding to 21 cities/metropolitan areas, as selected by the CDC, to significantly improve the operational capability of receiving, distributing, and dispensing SNS assets. The funding was to develop plans and infrastructures so that the cities were prepared to:

- Build and sustain the capacity to provide antibiotics to a city's entire population within 48 hours of a decision to do so;
- Integrate distribution of antibiotics between the point of dispensing (PODs) and federal assets such as the United States Postal Service (USPS);
- Institute communications systems to direct, mobilize, and continually inform the public about antibiotics distribution;
- Integrate all relevant emergency plans and services within a city;
- Sustain long-term capacity to distribute medicines through exercise, training, technical assistance, and other tools; and
- Establish security procedures to protect the people, locations, and materials involved in the delivery of antibiotics.

St. Louis, Missouri, was among those first cities/metropolitan areas selected to participate by the CDC and \$690,000 of the state's Bioterrorism grant was budgeted for its CRI program during fiscal year 2004. During fiscal year 2005, the CDC selected additional cities/metropolitan areas for inclusion in the CRI and among those was Kansas City, Missouri.

Each city is responsible for developing their plans; however, the DHSS and the CDC monitor the plans by performing and collecting annual assessments plus on-site visits to summarize the program strengths, challenges, and recommendations to improve readiness in support of building and sustaining the capacity to provide antibiotics to a city's entire population within 48 hours of a decision to do so. In addition, the cities are required to test their plans at least annually to determine any corrective actions that need to be made. DHSS staff provide technical assistance for these trainings.

The DHSS receives two grants from the federal Department of Health and Human Services (HHS) for administering its Bioterrorism Program. Annually, portions of the Centers for Disease Control and Prevention – Investigations and Technical Assistance Grant (CFDA number 93.283) are allocated to the Bioterrorism Program and used for various purposes as described above. Beginning with fiscal year 2003, the DHSS also began expending money from another HHS grant, the National Bioterrorism Hospital Preparedness Program (CFDA number 93.889).

The purpose of the National Bioterrorism Hospital Preparedness Program is to ready hospitals and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies. It is used to support needs assessment updates for hospitals and supporting healthcare entities; continuation, refinement, and implementation of HHS-approved work plans that are in accordance with program guidance; and contracts to health care entities to upgrade their ability to respond to terrorist and other public health emergencies requiring mass immunization, treatment, isolation, and quarantine in the aftermath of bioterrorism or other outbreaks of infectious disease.

The DHSS has indicated there were no major expenditures of federal Bioterrorism Program funds until fiscal year 2002 and the expenditure of state funds for Bioterrorism purposes has been minimal over the years.

The following represents the status, as of June 30, 2007, of DHSS's various bioterrorism- related grants, according to department records:

Program Name	Award Amount	Expenditures		Unexpended Percentage	Grant Termination Date
		Through June 2007	Unexpended		
Centers for Disease Control and Prevention - Investigations and Technical Assistance (Bioterrorism award)					
'02 Award	\$973,666	973,365	301	0.03%	8/30/2003
'03 Award	18,086,683	17,986,599	100,084	0.55%	8/30/2003
'04 Award	18,152,592	17,777,592	375,000	2.07%	8/30/2004
'05 Award	16,398,376	16,301,159	97,217	0.59%	8/30/2005
'06 Award	16,350,961	16,055,747	295,214	1.81%	8/31/2007
'06 Award - Pandemic Flu	1,635,782	1,482,392	153,390	9.38%	8/31/2008
'07 Award	15,396,527	9,562,750	5,833,777	37.89%	8/30/2008
'07 Award - Pandemic Flu	4,548,302	1,524,984	3,023,318	66.47%	8/30/2008
National Bioterrorism Hospital Preparedness Program					
'03 Award	2,417,618	2,301,056	116,562	4.82%	8/31/2003
'04 Award	9,646,883	9,646,883	0	0.00%	2/28/2006
'05 Award	9,730,322	9,110,881	619,441	6.37%	8/31/2006
'06 Award	9,151,953	7,628,418	1,523,535	16.65%	8/31/2008
'07 Award	8,951,388	2,905,231	6,046,157	67.54%	8/31/2008
TOTALS for ALL GRANTS	\$131,441,053	113,257,056	18,183,997	13.83%	

The following schedule shows DHSS's expenditures from the federal bioterrorism grants beginning with state fiscal year 2002 through June 30, 2007:

Grant Program	Award	Expenditures, Year Ended June 30,						Totals
	Amount	2007	2006	2005	2004	2003	2002	
Centers for Disease Control and Prevention - Investigations and Technical Assistance (Bioterrorism award):								
'02 Award	\$973,666	0	0	0	15,811	180,929	776,625	973,365
'03 Award	18,086,683	0	0	0	7,079,420	10,417,013	490,166	17,986,599
'04 Award	18,152,592	0	0	6,493,888	11,283,704	0	0	17,777,592
'05 Award	16,398,376	0	5,279,946	11,021,213	0	0	0	16,301,159
'06 Award	16,350,961	5,425,436	10,630,311	0	0	0	0	16,055,747
'06 Award - Pandemic Flu	1,635,782	1,440,246	42,146	0	0	0	0	1,482,392
'07 Award	15,396,527	9,562,750	0	0	0	0	0	9,562,750
'07 Award - Pandemic Flu	4,548,302	1,524,984	0	0	0	0	0	1,524,984
National Bioterrorism Hospital Preparedness Program:								
'03 Award	2,417,618	0	0	0	649,890	1,651,166	0	2,301,056
'04 Award	9,646,883	0	1,273,470	6,045,271	2,328,143	0	0	9,646,883
'05 Award	9,730,322	436,239	6,031,533	2,643,110	0	0	0	9,110,881
'06 Award	9,151,953	6,069,020	1,559,397	0	0	0	0	7,628,418
'07 Award	8,951,388	2,905,231	0	0	0	0	0	2,905,231
Total	\$131,441,053	17,953,416	17,225,873	23,560,371	21,356,967	12,249,108	1,266,791	113,257,056